PUBLIC EMPLOYEES' RETIREMENT SYSTEM

Division of Retirement and Benefits PO Box 110203 Juneau, AK 99811-0203 Phone: (907) 465-4460 Fax: (907) 465-3086

PARTICIPATION AGREEMENT AMENDMENT NO.

	rred to as the State) and the(employer name) and approved by the State on(date)
(data)	and approved by the State on(date)
(uate)	(date)
mended effective	, by changing subparagraph ate)
	ite)
page to read as follow	type text of new subparagraph):
5 ———	
	Authorized Representative Signature
	Authorized Representative Signature
	Authorized Representative Signature Authorized Representative Name (please type/print)
	Authorized Representative Name (please type/print)
	Authorized Representative Name (please type/print)
Approved:	Authorized Representative Name (please type/print)
Approved:	Authorized Representative Name (please type/print)
Approved:	Authorized Representative Name (please type/print)